

	Iowa Finance Authority (IFA) APPLICATION FOR HCBS RENT SUBSIDY	Date received by IFA:
1. Please type or print the following information and place a check mark in the boxes where appropriate. This application is: <input type="checkbox"/> New Application <input type="checkbox"/> Annual Renewal <input type="checkbox"/> Change of Information		

2. Applicant Information			
First Name		Last Name	
Social Security #		Date of birth	
Address Line 1		Address Line 2	
City		Zip	
County		Phone #	
Email			

3. Income Information	
Amount of monthly income anticipated during the next 12 months	

4. Rental Unit Information			
Date moved in?		Total monthly rent for entire unit?	
Number of bedrooms in unit?		Additional qualified dependents?	

5. HCBS Waiver Information	
Does the applicant participate in Money Follows the Person (MFP)? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant participate in one of the HCBS Waiver programs? <input type="checkbox"/> Yes <input type="checkbox"/> No (If the answer to both questions is “No”, STOP now and do not submit this application).	

6. Case Manager Contact Information			
First Name		Last Name	
E-Mail		Organization	
Phone #		Fax #	
Address Line 1		Address Line 2	
City		State	
Zip			

7. Legal Guardian Information (if applicable) - Proof of Guardianship or POA may be requested			
First Name		Last Name	
Relationship to Applicant		Phone #	
Address Line 1		Address Line 2	
City		State	
Zip		Email	

8. Correspondence Directed To	
<p>All correspondence relating to initial approval or denial, renewal notices, policy changes, etc. will be sent to the applicant. In addition, the applicant elects that correspondence also be directed to one or more of the following individuals:</p>	<input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Case Manager <input type="checkbox"/> Payee
<p>If the recipient will receive payments by direct deposit, check one (1) to indicate which individual should receive a monthly e-mail telling when payments have been released from Iowa Finance Authority, and provide an e-mail address, if not already included elsewhere on application:</p>	<input type="checkbox"/> Applicant <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Case Manager <input type="checkbox"/> Payee E-mail: Phone:

9. Payee Information – complete if applicable			
Name		Phone #	
Address Line 1		Address Line 2	
City		State	
Zip		Email	

10. Previous Rent Subsidy Information	
Has Applicant received any other rent subsidy in the past six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain who provided that subsidy and why it was cancelled	

11. Declarations			
I have attached all of the following:			
<input type="checkbox"/> Documentation that verifies the applicant's monthly income and copy of a current lease agreement <input type="checkbox"/> Documentation that the applicant has applied to all other rental assistance programs available in the community, specifically the Section 8 Housing Choice Voucher Program, and that it has been determined the applicant was <u>not</u> eligible or was placed on a waiting list. If the waiting list is closed, a signed notice, dated within the past twelve months, must be provided.			
I, the undersigned, declare that the information in this application is true to the best of my knowledge and that the application was not submitted with the intent to gain financial assistance to which the applicant is not eligible. I understand the requirement to notify IFA within ten (10) working days of any change that may affect eligibility. Failure to notify IFA of changes or the making of false statements may result in termination of assistance, repayment of the amount that was received by the applicant while ineligible, or both. I also understand that abusive or threatening language or behavior toward IFA staff may result in termination of subsidy.			
I also understand that the Iowa Finance Authority quality assurance measures for this program will include audits of the information provided.			
Printed Name		Signature	
Date			
Relationship to applicant	<input type="checkbox"/> Self <input type="checkbox"/> Case Manager <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other, specify relationship & provide phone number & email address:		

I will be responsible for repaying any overpayment that may occur as a result of not reporting such changes within ten (10) working days.:			
Printed Name		Signature	
Date		E-mail	
Relationship to applicant	<input type="checkbox"/> Self <input type="checkbox"/> Case Manager <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other, specify relationship & provide phone number & email address:		

12. Electronic Funds Transfer Information			
Routing Transit Number		Your account number	
Account type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Send completed application and attachments to: HCBSIFA@iowa.gov OR
 Iowa Finance Authority
 Attn: HCBS Rent Subsidy
 2015 Grand Avenue
 Des Moines, IA 50312